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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 10/321,138 12/16/2002 PAT 6,708,352  
 which is a CON of 09/551,266 04/18/2000 PAT 6,493,888  
 and is a CON of 09/604,208 06/27/2000 PAT 6,735,800

O.K.R.S.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY SC	SHEETS DRAWING 8	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	EXAMINER'S SIGNATURE <i>Robert B. Lutz R.G.S.</i>			
Verified and Acknowledged	INITIALS R.G.S.			

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## TITLE

Patient support apparatus and method

☐ All Fees☐ 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> 1216	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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